| Fill in this information to identify your case: | | |
|---|-------------------------------|----------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF MARYLAND | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ■ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this amended fili |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Joseph First name G Middle name Gorski Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2088 | |

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Case number (if known)

Debtor 1 Joseph G Gorski

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
|----|--|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | |
| 5. | Where you live | 400 Ferry Point Rd | If Debtor 2 lives at a different address: | |
| | | Annapolis, MD 21403 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | |
| | | Anne Arundel | O | |
| | | County | County | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fil in here. Note that the court will send any notices to this mailing address. | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, I | |
| | | I have lived in this district longer than in any other district. | have lived in this district longer than in any other district. | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | |

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| Del | otor 1 Joseph G Gorski | | | | Case number (if known) | |
|-----|--|-----------------------|--|--|---|-----------------|
| | | | | | | |
| Par | t 2: Tell the Court About | Your Bankruptcy | Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | each, see <i>Notice Required by</i> age 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Be box. | ankruptcy |
| | choosing to file under | ☐ Chapter 7 | | | | |
| | | Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| | | • | | | | |
| 8. | How you will pay the fee | about how order. If y | I will pay the entire fee when I file my petition. Please check with the clerk's office in you about how you may pay. Typically, if you are paying the fee yourself, you may pay with cas order. If your attorney is submitting your payment on your behalf, your attorney may pay with a pre-printed address. | | | |
| | | | | | on, sign and attach the Application for Individ | uals to Pay |
| | | J | Fee in Installments (| , | n only if you are filing for Chapter 7. By law, a | iudge may. |
| | | but is not applies to | required to, waive your family size and | ur fee, and may do so only if yo you are unable to pay the fee ir | ur income is less than 150% of the official pon n installments). If you choose this option, you cial Form 103B) and file it with your petition. | verty line that |
| _ | Have you filed for | | | | | |
| 9. | Have you filed for bankruptcy within the | No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | Distr | | When | Case number | |
| | | Distr | | When | | |
| | | Distr | ict | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Debt | or | | Relationship to you | |
| | | Distr | ict | When | Case number, if known | |
| | | Debt | or | | Relationship to you | |
| | | Distr | ict | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. Go | to line 12. | | | |
| | | ☐ Yes. Has | s your landlord obtain | ed an eviction judgment agains | t you? | |
| | | | No. Go to line 12 | | | |
| | | | Yes. Fill out <i>Initia</i> this bankruptcy p | | Judgment Against You (Form 101A) and file i | t as part of |
| | | | | | | |

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| Deb | otor 1 Joseph G Gorski | | | | Case number (if known) | | |
|-----|---|--------------|---|---|---|--|--|
| | <u> </u> | | | | | | |
| Par | t 3: Report About Any Bu | einossos | Vall Own | as a Solo Bronrio | tor | | |
| | | 1311103303 | TOU OWI | l as a sole i Toprie | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: | | |
| | · | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | deadline | s. If you in as, cash-fl c.C. 1116(I am r I am f Code | ndicate that you are ow statement, and f 1)(B). not filing under Chap iling under Chapter | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure oter 11. 11, but I am NOT a small business debtor according to the definition in the Bankruptcy 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. □ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | - • | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |
| | | | | | | | |

Debtor 1 Joseph G Gorski

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| tions for Re | | | | | | |
|--|--|--|--|--|--|--|
| | porting Purposes | | | | | |
| 16a. | | consumer debts? Consumer debts are desonal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | ☐ No. Go to line 16b. | | | | | |
| | Yes. Go to line 17. | | | | | |
| 16b. | | | | | | |
| | □ No. Go to line 17. | | | | | |
| | | | | | | |
| 16c. | State the type of debts you | owe that are not consumer debts or busine | ess debts | | | |
| ■ No. | I am not filing under Chapte | | | | | |
| _, | are paid that funds will be a | | | | | |
| | | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| □ \$50,00 □ \$100,0 | 11 - \$100,000 101 - \$500,000 | ■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| □ \$50,00 □ \$100,0 | 01 - \$100,000 101 - \$500,000 | ■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | | | | | |
| If I have of United State If no attor document I request I understate bankrupte and 3571 /s/ Jose Joseph Signature | hosen to file under Chapter ates Code. I understand the ney represents me and I did and I have obtained and read the relief in accordance with the and making a false statementy case can result in fines up to the individual of the control of the c | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I control pay or agree to pay someone who is not pay or agree to pa | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. not an attorney to help me fill out this ecified in this petition. or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | 16b. 16c. No. Yes. 1-49 50-99 100-19 200-99 \$50,00 \$100,0 \$500,00 \$100,0 \$500,00 I have exact of the stankruptor and 3571. I request of the stankruptor and 3571. I sy Joseph Signature | No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily be money for a business or involution in the money for a business or involution in | No. Go to line 16b. Yes. Go to line 17. | | | |

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| Debtor 1 Joseph G Gorski | Case number (if known) | |
|--------------------------|------------------------|--|
|--------------------------|------------------------|--|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Steven L. Goldberg (sgoldberg@mhlawyers.com) | Date | February 4, 2019 |
|--|---------------|------------------|
| Signature of Attorney for Debtor | - | MM / DD / YYYY |
| Steven L. Goldberg (sgoldberg@mhlawyers.com | n) | |
| McNamee Hosea Firm name | | |
| 6411 Ivy Lane, Ste. 200 Greenbelt, MD 20770 | | |
| Number, Street, City, State & ZIP Code Contact phone (301) 441-2420 | Email address | |
| 28089 MD Bar number & State | | |

| Debtor 1 | rmation to identify y | | | |
|---------------------|------------------------|------------------------|------------------|--------------------------------------|
| Deptor i | Joseph G Go | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for tl | he: DISTRICT OF MARYLA | ND | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| | | | | |
| B 104 | | | | |
| | idual Chapt | er 11 Cases: List | of Creditors Who | Have the 20 Largest |

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders. **Unsecured claim** What is the nature of the claim? 400 Ferry Point Rd \$ \$209,354.98 Annapolis, MD 21403 **Anne Arundel County** Residence Outstanding liens: \$689,100.81 Joel M. Hockett As of the date you file, the claim is: Check all that apply Trustee for the Daniel Kohn Contingent П **Living Trust** Unliquidated 680 Elton St Disputed Riverhead, NY 11901 None of the above apply Does the creditor have a lien on your property? Nο \$ \$1,010,000.00 Yes. Total claim (secured and unsecured) Contact Value of security: - \$ \$1.600.000.00 Unsecured claim \$ \$209,354.98 Contact phone What is the nature of the claim? \$ \$33,481.82 **Penn Credit** As of the date you file, the claim is: Check all that apply South 14th Street Contingent Harrisburg, PA 17104 Unliquidated Disputed None of the above apply

B104 (Official Form 104)

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| Joseph G (| Gorski | Case number (if known) | | | | |
|------------------------|-----------|---|--------------------------|----------------|--|--|
| | Doe | Does the creditor have a lien on your property? | | | | |
| | | No | | | | |
| Contact | | Yes. Total claim (secured and | d unsecured) \$ | | | |
| | _ | Value of security: | - \$ | | | |
| Contact phone | | Unsecured claim | \$ | | | |
| | Wh | at is the nature of the claim? | Credit Card | \$ \$12,800.00 | | |
| Chase | | | | | | |
| P.O. Box 1423 | _ | of the date you file, the claim is: | Check all that apply | | | |
| Charlotte, NC 2 | | Contingent | | | | |
| | | Unliquidated | | | | |
| | | Disputed | | | | |
| | | None of the above apply | | | | |
| | Doe | es the creditor have a lien on you | ır property? | | | |
| Contact | | No Yes. Total claim (secured and | d unsecured) \$ | | | |
| Contact | Ц | Value of security: | - \$ | | | |
| Contact phone | | Unsecured claim | \$ | | | |
| | | | | | | |
| | | at is the nature of the claim? | Services | \$ \$8,703.36 | | |
| Professional B | | of the data was file the alaim in | Oh a ale all that ample. | | | |
| Management | _ | of the date you file, the claim is: Contingent | Check all that apply | | | |
| 8401 Corporate | Dr 🗆 | Unliquidated | | | | |
| Ste 160 | _ | Disputed | | | | |
| Hyattsville, MD | | None of the above apply | | | | |
| | | None of the above apply | | | | |
| | Doe | es the creditor have a lien on you | ır property? | | | |
| | | No | | | | |
| Contact | | Yes. Total claim (secured and | d unsecured) \$ | | | |
| | | Value of security: | - \$ | | | |
| Contact phone | | Unsecured claim | \$ | | | |
| | Wh | at is the nature of the claim? | | \$ \$3,469.01 | | |
| Directions Cred | dit Union | | | | | |
| 5121 Whiteford | | of the date you file, the claim is: | Check all that apply | | | |
| Sylvania, OH 4 | | Contingent | | | | |
| , | | Unliquidated | | | | |
| | | Disputed | | | | |
| | | None of the above apply | | | | |
| | Doc | es the creditor have a lien on you | ır property? | | | |
| | | No | | | | |
| Contact | | Yes. Total claim (secured and | d unsecured) \$ | | | |
| | _ | Value of security: | - \$ | | | |
| Contact phone | | Unsecured claim | \$ | | | |
| | Wh | at is the nature of the claim? | - | \$ \$2,549.65 | | |
| Bay Engineerin | | | | - ΨΞ,040.00 | | |
| 2661 Riva Rd | | of the date you file, the claim is: | Check all that apply | | | |
| Annapolis, MD | _ | Contingent | , | | | |
| Turnapono, Mib | | | | | | |

B 104 (Official Form 104)

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| Debtor 1 | Joseph G Gorski | | Case numbe | er (if known) | | | | |
|----------|----------------------------|--|--------------------------------------|-----------------------|-------|---------------|--|--|
| | | | Unliquidated | | | | | |
| | | | Disputed | | | | | |
| - | | None of the above apply | | | | | | |
| | | Does | the creditor have a lien on your p | roperty? | | | | |
| | | | _ | | | | | |
| - | Contact | Yes. Total claim (secured and unsecured) Value of security: | | \$ | | | | |
| | Contact | | | - \$ | | | | |
| - | Contact phone | | Unsecured claim | | \$ | | | |
| 7 | | What | is the nature of the claim? | Credit Card | t | \$ \$1,968.00 | | |
| | Citi Bank | | _ | | | | | |
| | P.O. Box 6062 | | the date you file, the claim is: Che | eck all that ap | ply | | | |
| | Sioux Falls, SD 57117-6500 | | Contingent | | | | | |
| | | | Unliquidated | | | | | |
| | | | Disputed | | | | | |
| | | | None of the above apply | | | | | |
| - | | Does | the creditor have a lien on your pr | roperty? | | | | |
| | | | No | | | | | |
| _ | Contact | | Yes. Total claim (secured and un | secured) | \$ | | | |
| - | | _ | Value of security: | | - \$ | | | |
| | Contact phone | | Unsecured claim | | \$ | | | |
| 8 | | What | is the nature of the claim? | Services | | \$ \$1,623.72 | | |
| | RE Robertson Plumbing | | - | | | | | |
| | 1829 George Ave | | the date you file, the claim is: Che | eck all that ap | ply | | | |
| | Annapolis, MD 21401 | | Contingent | | | | | |
| | | | Unliquidated | | | | | |
| | | | Disputed | | | | | |
| | | | None of the above apply | | | | | |
| - | | Does | the creditor have a lien on your pr | roperty? | | | | |
| | | | No | | | | | |
| | Contact | | Yes. Total claim (secured and un | secured) | \$ | | | |
| - | | | Value of security: | | - \$ | | | |
| | Contact phone | | Unsecured claim | | \$ | | | |
| 9 | | What | is the nature of the claim? | Credit Card | ŀ | \$ \$1,090.00 | | |
| | Chase Bank | | | | | | | |
| | P.O. Box 1423 | | the date you file, the claim is: Che | eck all that ap | ply | | | |
| | Charlotte, NC 28201 | | Contingent Unliquidated | | | | | |
| | | | Disputed | | | | | |
| | | | None of the above apply | | | | | |
| - | | Does | the creditor have a lien on your p | roperty? | | | | |
| | | | No | | | | | |
| - | Contact | | Yes. Total claim (secured and un | secured) | \$ | | | |
| | Contact | | Value of security: | occur c u) | - \$ | | | |
| - | Contact phone | | Unsecured claim | | \$ —— | | | |
| | • | | | | * | | | |

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| Debto | 1 Joseph G Gorski | Case number (if known) | | | |
|--------|---|---|---|----------------------|-------------|
| 10 | | What | is the nature of the claim? | Credit Card | \$ \$938.00 |
| | Bank of Amercia | | | | |
| | P.O. Box 982234 | | the date you file, the claim is: | Check all that apply | |
| | El Paso, TX 79998 | ☐ Contingent ☐ Unliquidated | | | |
| | | | Disputed | | |
| | | ᆜ | None of the above apply | | |
| | | | None of the above apply | | |
| | | Does | the creditor have a lien on yo | ur property? | |
| | | | No | | |
| | Contact | | Yes. Total claim (secured an | d unsecured) \$ | |
| | | | Value of security: | - \$ | |
| | Contact phone | | Unsecured claim | \$ | |
| 11 | | What | is the nature of the claim? | Medical Expense | \$ \$490.92 |
| | Capital Digestive Care | | | | |
| | P.O. Box 37229 | As of the date you file, the claim is: Check all that apply | | | |
| | Baltimore, MD 21297 | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | None of the above apply | | |
| | | Does | Does the creditor have a lien on your property? | | |
| | | | No | | |
| | Contact | | Yes. Total claim (secured an | d unsecured) \$ | |
| | | | Value of security: | - \$ | |
| | Contact phone | | Unsecured claim | \$ | |
| Part 2 | Sign Below | | | | |
| | r penalty of perjury, I declare that th | e information | provided in this form is true a | nd correct. | |
| | s/ Joseph G Gorski | | Х | | |
| | Joseph G Gorski | Signature of Debtor 2 | | | |
| | Signature of Debtor 1 | | 3 | | |
| | Date February 4, 2019 | | Date | | |
| | | | | | |

Bank of Amercia P.O. Box 982234 El Paso, TX 79998

Bank of America 11802 Ridge Parkway Ste. 100 HRN Broomfield, CO 80021

Bay Engineering 2661 Riva Rd Annapolis, MD 21401

Capital Digestive Care P.O. Box 37229
Baltimore, MD 21297

Chase P.O. Box 1423 Charlotte, NC 28201

Chase Bank P.O. Box 1423 Charlotte, NC 28201

Citi Bank P.O. Box 6062 Sioux Falls, SD 57117-6500

Comptroller of Maryland Compliance Division 301 West Preston Street, Room 409 Baltimore, MD 21201

Directions Credit Union 5121 Whiteford Rd Sylvania, OH 43560

Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Joel M. Hockett Trustee for the Daniel Kohn Living Trust 680 Elton St Riverhead, NY 11901

Ocwen Loan Servicing, LLC Customer Service Dept P.O. Box 24738 West Palm Beach, FL 33416-4738

Penn Credit South 14th Street Harrisburg, PA 17104

Professional Business Management 8401 Corporate Dr Ste 160 Hyattsville, MD 20785

RE Robertson Plumbing 1829 George Ave Annapolis, MD 21401

Sun Trust Bank P.O. Box 305053 Nashville, TN 37230